ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION				
O.I.P.E. CLASSIFIER	ドラン		10/2//00	
FORMALITY REVIEW	MB	863	1(30.07)	
RESPONSE FORMALITY REVIEW	Z De US	S C 8 8 1	CE-23-0	

INDEX OF CLAIMS

•	Rejected	N .	Non-elected
	Allowed	1.	Interference
_	(Through numeral) Canceled	Α.	Appeal
÷	Restricted	0.	Objected

٧.	÷	Restricted	0	Objected	
Claim	Date	Claim	Date	Claim	Date
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(5)		55	 	105	
6		56	 	106	
7		57		107	
8		58		108	
9		59		109	
(10)		60		110	
12		61		111	+
6 13	- - - - - - - - - - 	62	+++++	112	
14		64		113	++++++
(f 15		65	+++++++++++++++++++++++++++++++++++++++	114	
(16)		66	 	116	
17		67	+ 	117	
18		68		118	
19		69		119	
20		70 -		120	
21		71		121	
22		72		122	
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24		74		124	
Z3 V		75		125	
26	+++++	77		126	
28	- 	78	++++	127	
29		79	+ + + + + + + + + + + + + + + + + + + +	129	
30		80		130	
31		81		131	
(32		82		132	
, 33		83		133	
34		84		134	
35		85		135	
37		86		136	 -
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45		95		145	+ + + + + + + + + + + + + + + + + + + +
46		96		146	
47		97		147	
48		98		148	
49	 	99		149	
50		100		150	<u>i </u>

If more than 150 claims or 10 actions staple additional sheet here

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